

KDADS HEALTH OCCUPATIONS CREDENTIALING
Speech-Language Pathologist and Audiologist Checklist for Submission
For **FULL** licensure

☐ Complete and sign application

Found at www.kdads.ks.gov/hoc

Select Applications & Forms from left side menu

Scroll to Speech Language Pathologist/ Audiologist

Select Application

☐ Include payment for application fee

Pro-rated fees for licensure in the month of:

November \$135	December \$126.50	January \$121
February \$115.50	March \$110	April \$104.50
May \$99	June \$93.50	July \$88
August \$82.50	September \$77	October \$71.50

Found at www.kdads.ks.gov/hoc

Select Application & Forms from the left side menu

Select Credit Card Fee Payment from Universal Forms heading

*For payment by VISA or MASTERCARD ONLY

☐ Request Official Transcript of Graduate Degree

☐ Include copy of ASHA CCC or AAA

☐ SLP – If you do not have CCCs

- Submit a verification of practicum
- Complete and sign Postgraduate Professional Experience Plan Documentation (PPD)

Found at www.kdads.ks.gov/hoc

Select Applications & Forms from left side menu

Scroll to Speech Language Pathologist/Audiologist

Select Postgraduate Professional Experience Plan Documentation

- Request PRAXIS Score released to Kansas (Code 7272)

☐ Au.D. – If you do not have CCCs or AAAs

- Request PRAXIS score released to Kansas (Code 7272)

☐ Verification of licensure from state(s) licensure is/was held.

All materials can be sent via email to:

wendy.jacobs@ks.gov

or regular mail to:

Health Occupations Credentialing
503 S Kansas Ave, Suite 300c
Topeka KS 66603-3414

KDADS HEALTH OCCUPATIONS CREDENTIALING
Speech-Language Pathologist and Audiologist Checklist for Submission
For **TEMPORARY** licensure

- Complete and sign application
 - Found at www.kdads.ks.gov/hoc
 - Select Applications & Forms from left side menu
 - Scroll to Speech Language Pathologist/ Audiologist
 - Select Application
- Include payment for application fee - \$65
 - Found at www.kdads.ks.gov/hoc
 - Select Application & Forms from the left side menu
 - Select Credit Card Fee Payment from Universal Forms heading
 - *For payment by VISA or MASTERCARD ONLY
- Request Verification of Practicum from University Department
- Complete and sign Postgraduate Professional Experience Plan (PPE)
 - Found at www.kdads.ks.gov/hoc
 - Select Applications & Forms from left side menu
 - Scroll to Speech Language Pathologist/Audiologist
 - Select Postgraduate Professional Experience Plan
- Request Official Transcript of Graduate Degree
 - Temporary license CAN be issued without the transcript, but full licensure cannot.

All materials can be sent via email to:

wendy.jacobs@ks.gov

or regular mail to:

Health Occupations Credentialing
503 S Kansas Ave, Suite 300c
Topeka KS 66603-3414

KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES
Health Occupations Credentialing
APPLICATION FOR
SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY

TYPE OF LICENSE

CIRCLE TYPE OF LICENSE:

TEMPORARY: \$65

FULL: \$135

RECIPROCAL: \$135

SPEECH-LANGUAGE PATHOLOGY

AUDIOLOGY

****Fees pro-rated for partial year licenses. Enclose non-refundable fee: Payable to KDADS.** Personal checks are accepted. Visa or Master Card may be used for payment of fees. Credit Card Authorization Form must be completed and signed to utilize this option.

Military Considerations

(For military applicants and spouses - please provide a copy of your United States Uniformed Services Identification Card)

Are you the spouse of an active-duty military service member and wish to receive expedited processing on that basis? _____

Are you an active-duty military service member? _____

Are you a former military service member? _____

If yes, please provide a copy of your DD214 form with Characterization of Service.

APPLICANT INFORMATION

Name: _____
Last First Mi Other

Address: _____
Street / Route / Box / Apt # City State Zip

Email: _____

Birthdate: _____ SSN _____

Phone: work _____ home _____ cell _____

(attach a copy of your Social Security Card or document bearing your name and Social Security number)

EDUCATION

	College/University	Degree	Date Conferred
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

- Transcripts showing award of a Master's Degree in Speech-Language Pathology and/or Audiology must be sent by the college/university directly to Health Occupations Credentialing.
 - The college/university must be regionally accredited by the United States Department of Education and with American Speech-Language Hearing Association approved program. If you hold a degree or completed course work from a non-accredited institution, you must complete Supplement A. (request from the department)
 - Degrees or transcripts received from schools outside the United States or its territories must be translated and/or evaluated by a validating agency.
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CLINICAL PRACTICUM

TEMPORARY LICENSE

Single License: Submit documentation on institutional letterhead signed by the college/university program or clinical director verifying completion of 400 clinical practicum hours, of which at least 325 hours were completed at graduate level.

Dual License: Submit documentation on institutional letterhead signed by the college/university program clinical director verifying at least 325 graduate clinical practicum hours in each discipline and that the program is consistent with the standards of the state universities of Kansas, or approved by the Secretary.

FULL/RECIPROCAL LICENSE:

Applicants for a full/reciprocal license must submit either university documentation of clinical practicum OR certificate of clinical competence.

SUPERVISED POSTGRADUATE PROFESSIONAL EXPERIENCE

TEMPORARY LICENSE

Have you completed a supervised postgraduate professional experience of at least 9 months full-time, or it's equivalent? **Y/N**

If **NO**, complete and return the "Supervised Postgraduate Professional Experience Plan".

If **YES**, complete and return the "Supervised Postgraduate Professional Experience Documentation".

FULL/RECIPROCAL LICENSE

Applicants requesting a full/reciprocal license may submit either documentation of completing the experience signed by the supervisor OR a Certificate of Clinical Competence.

EXAMINATION

TEMPORARY LICENSE

Have you taken and passed the NTE Specialty Area Test in Speech-Language Pathology or audiology? **Y/N**

Request that ETS send the results to the department. The department's score recipient code is 7272.

FULL/RECIPROCAL LICENSE

Applicants for a full/reciprocal license may submit verification of passing score OR Certificate of Clinical Competence.

LICENSE IN ANOTHER STATE

List all states in which you have ever held a speech-language pathology and/or audiology license. If applicable, please list the web address for any state that has online license verification.

State: _____ State: _____ State: _____

State: _____ State: _____ State: _____

For each state, complete Part I of the "Verification of License" form, request that the state board complete Part II and return to KDADS.

Disciplinary Action

If you answer yes to any misdemeanor/felony/disciplinary question(s) on the application the required documentation must be received by this agency, or your application will be considered incomplete and cannot be processed. If you have questions about the conviction or disciplinary action requirements, please contact Wendy Jacobs at 785.296.0061 or wendy.jacobs@ks.gov. Review the information for an explanation regarding the documentation that must be submitted if you answer "yes" to any of the following questions.

Have you ever been convicted of a felony? **Yes** _____ **No** _____

Have you ever been convicted of a Class A misdemeanor? **Yes** _____ **No** _____

Have you had a judgement of settlement in civil record? **Yes** _____ **No** _____

Do you have any pending criminal case against you for a felony or Class A misdemeanor offense? **Yes** _____ **No** _____

Do you presently have any physical or mental conditions or use of drugs or alcohol that could affect your ability to competently and safely practice as a Speech Language Pathologist or an Audiologist? **Yes** _____ **No** _____
(if yes, submit an explanatory letter and physician's release)

Has disciplinary action ever been taken against a Speech Language Pathologist or Audiologist license, a professional or occupational health care license, a mental health care license or a social worker license held by you, whether issued by this state or another state or jurisdiction?

Yes _____ **No** _____

(If yes, please provide specific details and copies of all relevant documents.)

Have you ever had a Speech Language Pathologist or Audiologist license denied, revoked, limited, suspended, or publicly or privately censured by a licensing authority? **Yes** _____ **No** _____

(If yes, please provide specific details and copies of all relevant documents.)

Are you registered, certified, or licensed in any other profession? **Yes** _____ **No** _____

If yes, please list: _____

Have you ever voluntarily surrendered any professional license while an investigation or discipline case was pending?
Yes _____ **No** _____

Have you ever allowed any professional license to expire while an investigation or discipline was pending? **Yes** _____ **No** _____

Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority? **Yes** _____ **No** _____

NOTE: Pursuant to state regulations, the agency requires that you provide all reports and court documents related to the conviction. Materials should be submitted to Health Occupations Credentialing. Please note, any and all costs for obtaining such reports/documents are your responsibility. You are also invited to submit a letter and any other additional supporting information or documents to the agency explaining the circumstances surrounding the case, complete resolution of the issue (including final probation, community corrections or parole documents), and how/why this situation is not expected to occur again. The applicant shall have the burden of proving that the applicant has been rehabilitated and warrants the public trust.

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the agency to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.

Signature: _____ Executed on: _____
(date)

Submit application, fee and supporting documents to:
Health Occupations Credentialing
Kansas Department for Aging and Disability Services
503 S Kansas Ave, Suite 300C
Topeka, Kansas 66603-3404